

# Services Requiring Preauthorization

## Select Health Commercial – Nevada

EFFECTIVE JANUARY 1, 2024

For items on the list below, access [online preauthorization forms](#) (there are separate forms for medical and behavioral health services, including those related to substance use). In addition to these services, in-network providers must preauthorize other services as specified in Select Health medical policy. **Questions?** Contact Member Services at **800-538-5038**.

- Adenoidectomy;
- All admissions to facilities, including rehabilitation, transitional care, skilled nursing, and all hospitalizations that are not for Urgent or Emergency Conditions;
- All nonroutine obstetrics admissions, maternity stays longer than two days for a normal delivery or longer than four days for a cesarean section, and deliveries outside of the Service Area;
- All Services obtained outside of the United States unless for Routine Care, an Urgent Condition, or an Emergency Condition;
- Automated home blood pressure monitoring equipment (when ordered by an Out-of-Network Provider);
- Bariatric surgery;
- Certain advanced imaging including Magnetic Resonance Imaging (MRI), Computerized Tomography (CT) scans, Positron Emission Tomography (PET) scans, and cardiac imaging and radiology services/ peripherally inserted central catheter (PICC) line insertion, cath-flow and alteplase (catheter clot treatment) to open line, in home or custodial facility for home bound members;
- Certain genetic testing;
- Certain Home Healthcare;
- Certain medical oncology drugs;
- Certain radiation therapies;
- Certain sleep studies;
- Certain vein procedures;
- Cochlear implants, hearing aids and osseointegrated auditory devices;
- Continuous glucose monitors;
- Hospice Care, and Private Duty Nursing;
- Hysterectomy;
- Insulin pumps;
- Joint replacement;
- Organ transplants;
- Outpatient Rehabilitative, Habilitative, and Chiropractic Services after 20 visits per therapy type, per Year;
- Pain management/pain clinic Services;
- Surgeries on vertebral bodies, vertebral joints, spinal discs;
- Tonsillectomy;
- The following Durable Medical Equipment:
  - Continuous Positive Airway Pressure (CPAP) and Bilevel Positive Airway Pressure (BiPAP);
  - DME with a purchase price over \$1,500;
  - Negative pressure wound therapy electrical pump (wound vac);
  - Motorized or customized wheelchairs; and
  - Prosthetics (except eye prosthetics).
- The following Mental Health/Chemical Dependency Services that are not for Emergency Conditions:
  - Inpatient Psychiatric/Detoxification admissions;
  - Residential treatment after the third day of admission; and
  - Partial Hospitalization after 20 visits.
- The medications listed on [selecthealth.org/pharmacy/pharmacy-benefits](https://selecthealth.org/pharmacy/pharmacy-benefits). You may also request this list by calling Pharmacy Services at **800-538-5038**.

For more detailed information organized by codes, visit this page with [Commercial and Medicare/Medicaid Non-Covered Codes](#).

